

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-004339
STATE FILE NUMBER

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

740

FILED JAN 25 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY

c. CITY OR TOWN St. Louis

Inside Limits
Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis-Little Rock
Hospital, Inc.Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 1818 A Chouteau (If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First William

Middle Dandridge

Last Pettigrew

4. DATE OF DEATH

Month January

Day

15

Year

1962

5. SEX
Male6. COLOR OR RACE
Colored7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐8. DATE OF BIRTH
5-16-19069. AGE (last birthday)
55IF UNDER 1 YEAR
Months DaysIF UNDER 24 HR
Hours Min.10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Freight Handler10b. KIND OF BUSINESS OR INDUSTRY
Railroad11. BIRTHPLACE (City and state or country)
Decaturville, Tenn.12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

James W. Pettigrew

13b. MOTHER'S MAIDEN NAME

Elsie Scott

14. NAME OF HUSBAND OR WIFE

Rena Pettigrew

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Rena Pettigrew 1818 a Chouteau Ave.

18. CAUSE OF DEATH (Enter only one cause per line for terminal condition)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH

1 week

DUE TO (b)

Cerebral Thrombosis, left.

2 month

DUE TO (c)

Arterio sclerosis 332x

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 21, 1961 to Jan. 15, 1962 and last saw him alive on Jan. 15, 1962

Death occurred at 6:45 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Masao Okamoto M.D.

22b. ADDRESS

1755 S. Grand Blvd.

22c. DATE SIGNED

1-16-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

23b. DATE

Removal 1-20-62

23c. NAME OF CEMETERY OR CREMATORY

Greenwood Cemetery

23d. LOCATION (City, town, or county)

Saint Louis

(State)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Metropolitan Funeral Home, St. Louis, Mo.

25. DATE RECD. BY LOCAL REG.

JAN 17 1962

26. REGISTRAR'S SIGNATURE

Rena Smith M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John K Cunningham

Licensed Embalmer No. 4476

P. O. Address 2407 Marcus Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.